



Office of the Chief Financial Officer

Accounts Payable
1 Cyclotron Rd, MS: 971-AP
Berkeley, CA 94720

Please return this completed form to the Accounts Payable Desk at Mailstop 971-AP. For questions call 510-486-4784 or ext. 4784.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (VIA ACH)

This form contains Personally Identifiable Information (PII) when filled out. Do not store this filled-out form on your computer. Do not email or transmit via internet. Fax (510-486-6975) and traditional mail may be used. Store the completed form in a safe place or destroy if possible.

Step 1. Provide Payee Information

Individual Name (Last, First, Middle) or Company Name: _____

Employee ID (If Applicable): _____

Street Address: _____

City

State

Zip Code

☐ Enroll ☐ Cancel ☐ Change

Step 2. Provide Financial Institution (Bank) Information

Name of Financial Institution: _____

Address of Financial Institution: _____

City

State

Zip Code

Type of Account: ☐ Checking ☐ Savings

Bank Routing Number (RTN) (9 digits):

Account Number (Include leading zeros – do NOT include check number):

Financial institution routing and account numbers
can be identified at the bottom of your checks:

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Your Bank Name
Bank City, State

Memo _____

|" 1 2 3 4 5 6 7 8 9 |"

1 0 0 0 1 2 3 4 5 6 "

1 2 3 4

9 digit routing number

10 digit account number

Check number

Step 3. ACH Authorization

I (we) hereby authorize University of California, Lawrence Berkeley National Laboratory, hereinafter called COMPANY, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (our) bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit and/or debit the same to such account. I (we) acknowledge that the origination of electronic transactions to my (our) account must comply with the provisions of U.S. law.

Vendor Representative/Employee Signature

Please Print Name

Date

Telephone Number

Email address for payment notification